

09/983025

PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number	
Substitute for Form PTO-875							
CLAIMS AS FILED - PART I							
(Column 1)		(Column 2)		(Column 3)			
FOR	NUMBER FILED	NUMBER EXTRA		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
BASIC FEE (37 CFR 1.16(a))			RATE		FEE	RATE	
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 = *		X \$ _____ =		\$ _____	X \$ _____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 = *		X \$ _____ =		\$ _____	X \$ _____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$ _____ =		+ \$ _____ =	
TOTAL				TOTAL		TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2.							
CLAIMS AS AMENDED - PART II							
(Column 1)		(Column 2)		(Column 3)			
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
Total (37 CFR 1.16(c))	Minus **	RATE		ADDITIONAL FEE	RATE		ADDITIONAL FEE
Independent (37 CFR 1.16(b))	Minus ***	X \$ _____ =		\$ _____	X \$ _____ =		\$ _____
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		+ \$ _____ =		+ \$ _____ =		+ \$ _____ =	
TOTAL ADD'L FEE		TOTAL ADD'L FEE		TOTAL ADD'L FEE		TOTAL ADD'L FEE	
AMENDMENT A							
(Column 1)		(Column 2)		(Column 3)			
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
Total (37 CFR 1.16(c))	Minus **	RATE		ADDITIONAL FEE	RATE		ADDITIONAL FEE
Independent (37 CFR 1.16(b))	Minus ***	X \$ _____ =		\$ _____	X \$ _____ =		\$ _____
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		+ \$ _____ =		+ \$ _____ =		+ \$ _____ =	
TOTAL ADD'L FEE		TOTAL ADD'L FEE		TOTAL ADD'L FEE		TOTAL ADD'L FEE	
AMENDMENT B							
(Column 1)		(Column 2)		(Column 3)			
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
Total (37 CFR 1.16(c))	Minus **	RATE		ADDITIONAL FEE	RATE		ADDITIONAL FEE
Independent (37 CFR 1.16(b))	Minus ***	X \$ _____ =		\$ _____	X \$ _____ =		\$ _____
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		+ \$ _____ =		+ \$ _____ =		+ \$ _____ =	
TOTAL ADD'L FEE		TOTAL ADD'L FEE		TOTAL ADD'L FEE		TOTAL ADD'L FEE	
AMENDMENT C							
(Column 1)		(Column 2)		(Column 3)			
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
Total (37 CFR 1.16(c))	Minus **	RATE		ADDITIONAL FEE	RATE		ADDITIONAL FEE
Independent (37 CFR 1.16(b))	Minus ***	X \$ _____ =		\$ _____	X \$ _____ =		\$ _____
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		+ \$ _____ =		+ \$ _____ =		+ \$ _____ =	
TOTAL ADD'L FEE		TOTAL ADD'L FEE		TOTAL ADD'L FEE		TOTAL ADD'L FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/983,025

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	68 minus 20 =	
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

DS 10-04

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	47	Minus	** 64 =
Independent	5	Minus	*** 4 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

Borden process 1/26/06

1-5-05

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	46	Minus	** 64 =
Independent	5	Minus	*** 25 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

Borden process 1/26/04

4-7-05

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	52	Minus	** 64 =
Independent	7	Minus	*** 25 = 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

09/983,025